

## Washington Counties Insurance Fund

### Medicare Part A Services

Provided by United American Insurance Company

**Benefit Period: January 1, 2017 through December 31, 2017**

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Co-insurance charges for inpatient respite care, drugs and biologicals approved by Medicare	\$0

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

## Washington Counties Insurance Fund

### Medicare Part B Services

Provided by United American Insurance Company

**Benefit Period: January 1, 2017 through December 31, 2017**

Services	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES</b> - In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: Medicare Part B Deductible (2017 – \$183) Next Medicare Approved Amounts — After payment of the Part B Deductible by each covered person the plan pays 20% of the Medicare Eligible Part B expenses. Once each Covered Person incurs an annual out-of-pocket expense maximum of \$2,000 plan pays 20% of the Medicare Eligible Part B expenses. The out-of-pocket maximum is applied separately to each Covered Person. Part B Excess Charges (Above Medicare Approved Amounts)	\$0 80% 80% \$0	\$0 0% 20% 100%	Part B Deductible 20% up to an annual \$2,000 (includes Part B deductible) \$0 \$0
<b>BLOOD</b> First 3 pints	\$0	All costs	\$0
<b>SUBJECT TO COINSURANCE AND DEDUCTIBLES – SEE ABOVE</b>			
<b>CLINICAL LABORATORY SERVICES</b> Blood tests for Diagnostic Services	100%	\$0	\$0

### MEDICARE PARTS A & B

<b>HOME HEALTH CARE</b> Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment:	100%	\$0	\$0
<b>SUBJECT TO COINSURANCE AND DEDUCTIBLES – SEE ABOVE</b>			

### OTHER BENEFITS - NOT COVERED BY MEDICARE

<b>FOREIGN TRAVEL</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime max
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\* Once you have been billed \$183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

# Benefit Overview

Express Scripts Medicare® (PDP) for Washington Counties Insurance Fund

## YOUR 2017 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Deductible stage</b>	You do not pay a yearly deductible			
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,700:			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$5 copayment	\$15 copayment	\$10 copayment
	Tier 2: <b>Preferred Brand Drugs</b>	\$40 copayment	\$120 copayment	\$80 copayment
	Tier 3: <b>Non-Preferred Drugs</b>	\$75 copayment	\$225 copayment	\$180 copayment
	Tier 4: <b>Specialty Tier Drugs</b>	33% coinsurance	33% coinsurance	33% coinsurance
	<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p>			
<b>Coverage Gap stage</b>	After your total yearly drug costs reach \$3,700, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.			
<b>Non-part D Drugs</b>	Covered; excluding lifestyle			
<b>Compound Solution</b>	Compound Management Solution applies. Compound Management Solution is in place to mitigate compound drug abuse by means of inclusion and exclusion lists			
<b>Catastrophic Coverage stage</b>	<p>After your yearly out-of-pocket drug costs reach \$4,950, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>a \$3.30 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</li> <li>an \$8.25 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</li> </ul>			

## IMPORTANT PLAN INFORMATION

### Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

### Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

### Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **www.Express-Scripts.com**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan's list of covered drugs, visit our website at **www.Express-Scripts.com**.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.

Enrollment in Express Scripts Medicare depends on contract renewal.

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